

EXHIBIT F

Pork Direct Antitrust Litigation
c/o A.B. Data, Ltd.
P.O. Box 173117
Milwaukee, WI 53217
www.PorkAntitrustLitigation.com

UNIQUE ID (printed on your Claim Form): _____

DIRECT PURCHASER ANTITRUST PURCHASE AUDIT REQUEST FORM

Please use this form if you do not agree with the purchase information pre-printed on page 2 of your Claim Form and you would like to have that information audited. Please fill out your contact information below and provide annualized purchase information on page 2.

You must submit this Purchase Audit Request Form to the mailing address listed at the top of this form or on the Settlement Website, www.PorkAntitrustLitigation.com, along with your Claim Form, by _____, 2022.

<u>CLAIMANT INFORMATION</u>			
<u>CONTACT NAME:</u>	First	M.I.	Last
<u>COMPANY NAME:</u>	Company Name		
<u>CURRENT MAILING ADDRESS:</u>	Address 1		
	Address 2		
	City		
	State/Province		
	Postal Code	Country	
<u>CONTACT TELEPHONE:</u>	- -		
<u>CONTACT EMAIL ADDRESS:</u>			

If you do not agree with the purchase information provided on page 2 of the Claim Form, you must complete the purchase information table on page 2 of this form with all Settlement Class period purchase information from January 1, 2009 through January 12, 2021. This form must reflect ALL of the purchases from the Defendants and alleged Co-Conspirators that you are claiming during the relevant time periods. You may not seek Settlement Proceeds with respect to any Settlement from which you have opted out.

If you agree with the purchase information provided on page 2 of the Claim Form but want to supplement your claim to include 2020 and 2021 purchase data, you may include the purchase information provided on page 2 of your Claim Form for the years 2009 through 2019, and add your purchase data for 2020 and January 1-12, 2021.

You must submit this form along with your Claim Form by _____, 2022, (postmarked or submitted online) to the Settlement Administrator at the address listed above, along with additional documentation to support your dispute or supplementation. Documentation must include actual receipts or invoices that include the product name, name of Defendant manufacturer, date of purchase, and net purchase amount. Please submit legible copies. Do not send originals but maintain the originals in your records.

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PURCHASE INFORMATION

UNIQUE ID: _____

DEFENDANT/ CO-CONSPIRATOR	2009	2010	2011	2012	2013	2014	2015
Clemens							
Hormel							
JBS							
Seaboard ¹							
Smithfield							
Triumph ¹							
Tyson							
Indiana Packers							
DEFENDANT/ CO-CONSPIRATOR	2016	2017	2018	2019	2020	2021 (1/1-1/12)	
Clemens							
Hormel							
JBS							
Seaboard ¹							
Smithfield							
Triumph ¹							
Tyson							
Indiana Packers							

By signing below I/we certify that (1) the above and foregoing information is true and correct; (2) I warrant that I am duly authorized and have the legal capacity to sign this Purchase Audit Request Form on behalf of the direct purchaser entity; (3) I/we are not officers, directors, or employees of any Defendant; any entity in which any Defendant has a controlling interest; an affiliate, legal representative, heir, or assign of any Defendant, or a federal, state, or local governmental entity; and (4) I/we agree to submit additional information, if requested, in order for the Settlement Administrator to process my/our claim and audit request.

Signature: _____ Date: _____

Printed Full Name (First, Middle, and Last): _____

Title: _____

¹ Purchases for Seaboard Triumph Foods, if any, should be included in purchases from Seaboard or Triumph.